

Department/Organization Name			
------------------------------	--	--	--



Commonwealth of Massachusetts
Office of the Comptroller

Fiscal Year	Department	Appropriation/Allocation
-------------	------------	--------------------------

Appropriation Type 1 ____ 2 ____ 3 ____ 4 ____	Appropriation/Alloc Group
---	---------------------------

Parent Department	Parent Appropriation
-------------------	----------------------

Start Date MM DD YY	End Date MM DD YY	Secondary Department
---------------------	-------------------	----------------------

Fund	Organization	Reporting Category
------	--------------	--------------------

Department Sequence Number		
Dept	FY	Number

Budget bureau control Number

Long Name (Limit to 80 Characters)

Short Name (Limit to 30 Characters)

Status Indicator: A ____ I ____	Multi- Year Indicator: N ____ Y ____
------------------------------------	---

Legislative Approval:	Program Option: N ____ Y ____	Organization Option: N ____ Y ____	Receipt Option: X ____ N ____ Y ____
-----------------------	----------------------------------	---------------------------------------	---

Allotment Indicator: 0 ____ 1 ____ 2 ____	Option 2:	Payroll Indicator: N ____ W ____ M ____ A ____	Option 4:
--	-----------	---	-----------

Fund Split Indicator: N ____ Y ____	Option 6:	Parent Indicator: N ____ C ____ P ____	Option 8:
--	-----------	---	-----------

Pay Sub:	Option 10:	Option 11:	Option 12:
----------	------------	------------	------------

Proj/Sub-Proj/phase:	Multi-Proj:	Proj on Exp:
----------------------	-------------	--------------

Prepared By: _____

Title: _____

Date: _____

THE DEPARTMENT HEAD HEREBY MAKES THE CERTIFICATIONS AND AUTHORIZATIONS PRINTED ON PG 2 OF THIS FORM.

Department Head Approval: _____

Title: _____

Date: _____

Budget Approval: _____

Title: _____

Date: _____

Enterd By: _____

Title: _____

Date: _____

COMMONWEALTH OF MASSACHUSETTS

APPROPRIATION/ALLOCATION STATIC REFERENCE TABLE REQUEST FORM	DEPARTMENT SEQUENCE NUMBER	BUDGET BUREAU CONTROL NUMBER	PAGE 2 OF 2
--	----------------------------	------------------------------	-------------

FEDERAL GRANTS	IF THIS IS A REQUEST FOR A FEDERAL GRANT ACCOUNT, PLEASE ATTACH A COPY OF THE APPROVED AF-GI AND A COPY OF THE LETTER OF GRANT AWARD, AND COMPLETE THE FOLLOWING:
	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 45%;"> AMOUNT OF AWARD: \$ </div> <div style="border: 1px solid black; padding: 5px; width: 45%;"> FROM TO DURATION: </div> </div>

REVENUE ACCOUNTS	[TO BE COMPLETED BY OFFICE OF THE COMPTROLLER]												
	<div style="display: flex; justify-content: space-between;"> <div>CTR CERTIFICATION: _____</div> <div>DATE: _____</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 25%; padding: 5px;">REVENUE BUDGET NUMBER:</td> <td style="width: 10%; padding: 5px;">FUND</td> <td style="width: 10%; padding: 5px;">DEPT</td> <td style="width: 10%; padding: 5px;">ORG</td> <td style="width: 15%; padding: 5px;">PROG</td> <td style="width: 30%; padding: 5px;">REV SOURCE</td> </tr> <tr> <td colspan="6" style="padding: 5px;">10 - DIGIT REVENUE RECEIPT ACCOUNT NUMBER:</td> </tr> </table>	REVENUE BUDGET NUMBER:	FUND	DEPT	ORG	PROG	REV SOURCE	10 - DIGIT REVENUE RECEIPT ACCOUNT NUMBER:					
REVENUE BUDGET NUMBER:	FUND	DEPT	ORG	PROG	REV SOURCE								
10 - DIGIT REVENUE RECEIPT ACCOUNT NUMBER:													

CERTIFICATION	IN APPROVING THIS APPROPRIATION/ALLOCATION STATIC REFERENCE TABLE REQUEST BY SIGNING THE FRONT OF THIS FROM, THE DEPARTMENT HEAD IS CERTIFYING AS TO:
	<ul style="list-style-type: none"> * THE ACCURACY AND COMPLETENESS OF THE EXPLANATION PROVIDED FOR THIS ASTA TABLE UPDATE; AND * THE DEPARTMENT'S AUTHORITY TO ESTABLISH OR MODIFY THE ACCOUNT AS REQUESTED, AND ITS COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS GOVERNING THAT AUTHORITY

AUTHORIZATION FOR FRINGE, INDIRECT & SPACE USE CHARGES	IN APPROVING THIS APPROPRIATION/ALLOCATION STATIC REFERENCE TABLE REQUEST BY SIGNING THE FRONT OF THIS FORM, THE DEPARTMENT HEAD IS AUTHORIZING THE COMPTROLLER TO CHARGE THIS ACCOUNT IF IT IS A NON - BUDGETARY OR NON - ASSESSMENT ACCOUNT FOR THE COSTS OF FRINGE BENEFITS, INDIRECT COSTS, AND SPACE USE COSTS THAT ARE APPLICABLE TO THIS ACCOUNT. CHARGES WILL BE MADE IN ACCORDANCE WITH PROCEDURES ESTABLISHED BY THE SECRETARY OF ADMINISTRATION AND FINANCE, AND M.G.L. C. 29 , S. 68.
---	---

EXPLANATION	
--------------------	--